



PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/543,442
	Filing Date	April 5, 2000
	First Named Inventor	Maksim KADIU
	Title	MAGNETIC SHORING DEVICE
	Art Unit	3673
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	543572000100

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ The address associated with
Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Maksim Kadiu

Signature

Date 12/16/2003

Telephone

408-655-9172

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒*Total of 1 forms are submitted.#13
CHANGE
OF
ADDRESS
AW
2-3-04

RECEIVED

JAN 14 2004

GROUP 3600